



*Texas Irlen Association*

New \_\_\_\_\_ Renewal \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP**  
Membership Year: **current date until December 31, 2024**

**Please Print or Type**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell #	Work #	Fax #	Email
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Employed by	Job Position
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<b>Dues</b>	<b>Check Your Category of Qualifications</b>
\$50.00	_____ Certified Irlen Diagnostician or _____ Certified Irlen Screener

Trained or Recertified by \_\_\_\_\_ Date of training \_\_\_\_\_

Certificate Expiration Date \_\_\_\_\_

\$ 50 Total Submitted (Make check payable to Texas Irlen Association/Membership)

I certify that the above information is accurate.

\_\_\_\_\_  
Signature Date

**YES** I want my information on the TIA Website.  **NO** I do not want my information on the Website.

**IF YES Listed:** City \_\_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

**Members can pay their dues via Square:**  
<http://www.texasirrlenassociation.org/membership.html>

**Or mail payment to:**  
Texas Irlen Association  
14215 Orion Drive, Tomball, TX 77375  
713-569-2375

**Questions:** [texasirrlen@gmail.com](mailto:texasirrlen@gmail.com)